FIRST YEAR ANNUAL REPORT
October 1, 2002 through September 30, 2003

Census-Based Impact-Oriented Child Survival in Huehuetenango, Guatemala
(Cooperative Agreement No. HFP-A-10-02-0034-00)

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A. Major accomplishments of the program

During the month of July, 2003, Mary DeCoster, Curamericas Program Specialist and technical backstop for the program, traveled to the project area and participated in the program's annual planning process, with Meira Neggaz, Curamericas Country Director, Dr. Mario Valdez, Curamericas-Guatemala Project Manager, and Sergio Fabricio Perez, Curamericas-Guatemala Project Administrator. This team has continued to collaborate in the preparation of the program's first annual report by telephone and electronic mail.

Curamericas' Child Survival XVIII Project in Guatemala is off to a strong start. Year one has been spent recruiting and training staff, conducting in depth baseline studies to better understand the needs and health problems in the area, working with community groups and community leaders to gain their trust and partnership, doing a complete census of phase one communities and beginning to open health posts and to provide health care services. Care group health education meetings are also beginning, and community facilitators and volunteers are being actively recruited to continue expanding community coverage through the care group model.

Baseline studies showed that the severity of child malnutrition is even greater than had been initially estimated. The high levels of malnutrition that were found among young children are particularly striking. In the project area we found that 62% of children between 12 and 23 months of age are malnourished, with 19% of children having *severe* malnutrition. After becoming aware of the severity of the malnutrition in the area, the project's focus on nutrition was increased to 30%, to make it our highest priority in terms of education and health interventions. Growth monitoring and nutritional counseling activities have already begun, and other interventions including a positive deviance study and nutrition education campaigns are scheduled to begin early in year two.

The project area consists of 14 jurisdictions, six in the San Miguel Acatan municipality (one jurisdiction is shared with San Sebastian Coatan), five in San Sebastian Coatan, and three in San Rafael la Independencia. The field office, with a medical supply storage area, and a training hall have been set up and are operating in San Miguel Acatan. Staff have, for the most part, been hired and trained as scheduled, though there has been some delay in the recruiting and hiring of community facilitators. Program staff along with the backstop decided that due to the heavy schedule of baseline studies, DIP preparation, staff training and start up activities it would be best to delay the process of recruiting and hiring community facilitators by a few months in order to be better prepared and able to devote the necessary time to their training and launching of care group activities.

Curamericas-Guatemala has successfully negotiated and signed agreements with the ministry of health districts area to provide for good coordination and collaboration towards the improvement of health services and increased health care coverage. Numerous community meetings have been held to gain the acceptance, support, and participation of communities for implementation of the project.

The intensive work with the community has been a key factor in the program's successful beginnings. Due to a variety of historical and cultural factors, Mayan communities in the project area tend to be extremely reluctant to accept and trust outsiders. Hiring staff members who are fluent in the local languages has been another very important factor in the successful initiation of the project.

Three activities that the project staff members consider to have been especially noteworthy and highly useful accomplishments were the successful completion of the KPC baseline study, carrying out the focus

groups with community women, and preparation of the detailed implementation plan (DIP). Having the baseline data provided staff with a clear understanding of the needs of the community and the importance of program interventions. The DIP provided clear and coherent guidance for launching those interventions. Another significant accomplishment has been the establishment of good communication and coordination systems between the project staff and the health districts, municipal governments, and community groups, which has created a strong foundation for future successes in community development.

Field Activities completed:

- Pre-census and community mapping for the baseline surveys.
- Focus groups studies.
- KPC survey completed in the fourteen jurisdictions of the project area.
- Health Facilities Assessment.
- Complete census and mapping of phase one communities accomplished by project staff jointly with ministry of health staff.
- Registries completed of all children under five years, and women of reproductive age in phase one communities.
- Vital events monitoring and registration has begun to determine the leading causes and rates of child and maternal death.
- Volunteer work team from USA and community volunteers constructed a health post in Ixlahuitz, where there had previously been no health facility.
- Training sessions to date:
  - Child Survival Project Start-Up Workshop
  - Health Facility Assessment Workshops
  - Census and Mapping Training
  - Immunization Workshop
  - Health Information Systems Training
  - Supervision and Continuous Quality Improvement Training
  - Barrier Analysis Training
  - Methods of Non-Formal Adult Education Training
  - Care Groups Workshop
  - Introduction to Nutrition, Malnutrition, and Micronutrients training
  - Epi-Info training (for selected staff members)
- Services have begun to be provided in six jurisdictions, three with personnel funded by the project, and three funded by the ministry of health. Services include:
  - Consults for children under five
  - Growth monitoring for children under five
  - AIEPI (IMCI)
  - Sick visits for women of reproductive age
  - Immunizations
  - Family Planning Services
  - Prenatal, childbirth, and postpartum care

TABLE 1: PROGRESS TOWARDS TECHNICAL OBJECTIVES

Objectives: Technical	Progress on Target?	Comments
Decrease the percentage of children age 0-23 months who are underweight from 43% to 34%	Yes	Growth monitoring and nutritional counseling has begun, use of child health registers, community education during care groups also beginning.
Increase the percentage of children 0-5 months who were exclusively breastfed during the past 24 hours	Yes	
Increase the percentage of mothers of children 0-23m who received a Vitamin A dose during the first two months after delivery from 0% to 60%	No	Project staff has had logistical problems with obtaining and importing Vitamin A for maternal use. The ministry of health only supplies vitamin A for children, and recently has had stock-outs. The USAID mission in Guatemala has offered to help the project import Vitamin A, this may provide the solution to this problem in Year Two.
Increase the percentage of mothers who had at least two prenatal visits with a trained health provider prior to the birth of her youngest child less than 24 months from 25% to 40%	Yes	Prenatal care is now offered in health posts in 6 jurisdictions.
Assure adequate child spacing for all mothers. Increase the percentage of mothers who know at least one place where she can obtain a method of child spacing from 41% to 65%	Yes	
Increase the percentage of children 0-23m with diarrhea who were given the same amount or more liquids during the illness from 29% to 50%	Yes	
Increase the percentage of children age 0-23m with diarrhea who receive ORS and/or recommended home fluids from 18% to 42%	Yes	
0% of health facilities will not have had a stock-out of essential medications / supplies in the previous month	No	Stock-outs are a concern. Field staff is advocating with the Ministry Of Health to resolve this.
80% of health workers score greater than 80% on IMCI (AIEPI) checklist in the past quarter	Yes	Some staff has attended AIEPI community trainings. More will attend community and clinical trainings in year two.
90% or more of the health facility workers and CFs will correctly assess danger signs in sick children	No	This will be addressed at the training on danger signs, December 2003, as well as AIEPI trainings in Year Two.
100% of the health facility workers and CFs will have received a supervision visit at least once in the last three months using verification checklists	Yes	Staff has been trained in use of verification checklists. Supervision visits are beginning, but MOH staffing shortages have caused some challenges.
Increase the percentage of children age 13-23 months who were fully vaccinated from 42% to 75%	Yes	
Increase the percentage of mothers of children 0-23 months who receive at least two tetanus toxoid injections before the birth of the youngest child from 16% to 28%	Yes	

TABLE 2: PROGRESS TOWARDS CAPACITY BUILDING OBJECTIVES

Objectives: Capacity Building	Progress on Target?	Comments
Increase private charitable donations at headquarters from $137,225 to $164,670 over five years	Yes	In addition to new fundraising strategies at the HQ level, Curamericas is increasing the number of Board members and has begun requiring them to contribute as donors to the organization.
Expand Curamericas child survival activities to program operations to two new countries	Yes	Curamericas is submitting two CS-20 proposals and has developed a new country initiative in the Caribbean.
Assure standardization of the CBIO methodology across countries; standardize educational materials for field offices.	No	Work has not yet begun on standardization of methodologies and materials.

TABLE 3: PROGRESS TOWARDS SUSTAINABILITY OBJECTIVES

Objectives: Sustainability	Progress on Target?	Comments
Child health activities are eventually sustainable locally. Increase the % of the beneficiaries who live within 5 kilometers of a health post with at least one health worker trained in AIEPI / IMCI protocols	Yes	One new health post was constructed in Year One with two scheduled for Year Two.
Curamericas-Guatemala will promote child survival activities to the municipal governments by attending at least 10 meetings annually of the Municipal Development Committee in the three municipalities	Yes	
Establish sustainable Care Groups in all project communities	Yes	
Increase local monitoring and evaluation capacity – Ninety percent of Institutional Facilitators will be able to do a Rotating Mini KPC survey properly, based on check-list scores	Yes	Preparations are underway for first Mini KPC in December 2003

B. What factors have impeded progress towards achievement of overall goals and objectives and what actions are being taken by the program to overcome these constraints?

- A principle obstacle is the difficult geographical access to the communities. Some are very remote and isolated and can only be reached on foot. Others require hours driving over treacherous roads. Though Curamericas is fulfilling its match obligation with the purchase of 3 motorcycles in Year One and another to be purchased early in Year Two, the program would greatly benefit from additional motorcycles to further ease the travel burden placed on field staff. Curamericas is actively seeking outside funds to assist in this supplementation. The project also calls for a four wheel drive vehicle, whose delivery to the project area is scheduled early in Year Two.
- There are major communication difficulties due to the lack of telephone lines in the San Miguel field office. Only mobile telephones can be used in some areas and some of these have a poor signal due to lack of satellite stations. The provision of additional telephone lines and satellite

coverage is anticipated in the near future which should greatly enhance communications among field staff and between headquarters.

- Another obstacle has been the lack of staff stability in the Ministry of Health's (MOH) local health districts. The project planned to rely on full staffing levels in each district, but the MOH has provided fewer nurses and ambulatory doctors than expected to date. This lack of medical personnel has placed greater demands on the program's field staff, especially in the remote areas. Headquarters staff will begin to strongly encourage the MOH to fulfill their responsibilities to the local communities as well as to the Child Survival program.
- There have been some delays in recruiting and the hiring of community facilitators (CFs). Only four have been hired to date. The first year's schedule was over-booked with baseline studies, training, and start-up activities. A decision to delay the hiring of some CFs until the fall of 2003 was made until field staff would have more time available to adequately recruit and train new staff. This will be a major focus in Year Two.
- Maternal and newborn mortality rates appear to be rising in the project area. This is very concerning, but it is believed to be a result of increasing trust in the community and an increase in accurate reporting of deaths. Curamericas, through its match, will build maternity houses in the project areas to reduce maternal and newborn death.
- The field staff has worked extremely hard to integrate themselves into the project communities and to gain trust at the family level. Despite this progress, the MOH's failure to consistently provide essential medicines and vaccines reduces program staff's abilities to establish trust in the communities they serve. The field staff is hopeful that the government will provide better support for the MOH which will in turn result in an increased responsiveness and accountability for fully staffing district health posts, and preventing stock-outs of essential vaccines and medications.

C. In what areas of the project is technical assistance required?

Curamericas headquarters and field staff have identified a need for additional technical assistance in the areas of monitoring and evaluation, and in supervision. Mary DeCoster, the program's technical backstop, held a field staff training session on supportive supervision, quality assurance, and the use of quality improvement and verification checklists in July 2003.

In planning this program, it had been expected that the field staff would receive substantial assistance from district health directors in carrying out health facility staff supervision as well as monitoring and evaluation activities. At present, there are no district health directors and their positions have remained unfilled by the MOH. This lack of support from the MOH, a major partner in the project, has created a challenging situation. Without the assistance that was expected from the MOH, program staff will be greatly challenged in their ability to carry out all the planned supervision and M&E activities.

There is some hope that district directors will be hired after the fall elections. If not, some of the planned activities may need to be reevaluated for feasibility purposes. In preparation, Curamericas has begun exploring possible options for obtaining technical assistance from USAID, CSTS, or an outside consultant.

D. Describe any substantial changes from the program description and DIP that will require a modification to the cooperative agreement. Discuss the reasons for these changes.

There are no substantial changes in the program.

E. For each of the recommendations made in the DIP please provide a thorough discussion describing the activities that are being undertaken to implement each one.

Recommendations were addressed in the final version of the DIP. The relevant pages from the DIP are attached in the annex of this report.

F. For projects in their first or second year: If specific information was requested for response during the DIP consultation for this program, please provide the information as requested.

No specific information was requested for response during the DIP consultation for this program

G. Describe the programs management system and discuss any factors that have positively or negatively impacted the overall management of the program since its inception.

- ***Financial management system****:*
  - Field staff is in the process of buying a computerized accounting package and training key personnel in its use. Until the present, the accounting for local field expenses has been very time consuming and has been done manually and with basic computer systems. The new system should greatly increase efficiency in the reporting process.
  - Curamericas-Guatemala is in the process of its first financial audit, using an auditor recommended by the USAID mission. The auditor's report is expected to provide useful in helping access strengths as well as any need for improvement in the financial management of the program.
  - Every three months, headquarters staff receives the field staff's Standard 269 report outlining the expenses incurred in the execution of the project. These reports have been timely and accurate. Currently, Curamericas' Guatemalan Country Director (Meira Neggaz) has been attending monthly financial oversight sessions with Curamericas-Guatemala's accountant (Sergio Fabricio Perez) and the CS Project Coordinator (Dr. Mario Valdez) as an added monitoring and capacity building tool.

The presence of Curamericas' Country Director, Meira Neggaz, has positively impacted the local field staff's ability to adopt new administrative and financial management systems. As the Country Director, Ms. Neggaz oversees these systems and has ensured accountability and accuracy at the field and national level.

- *Human Resources*
  - The program has been very fortunate in the high caliber of staff recruited, and there have been very few problems with human resources in the first year of the program. The biggest challenge has been finding personnel who are willing to work in difficult conditions, in rural areas, and away from their families. The staff members who have been recruited have demonstrated a real commitment to the program, its communities, and to their learning process. There are currently 13 paid staff with Curamericas-Guatemala:
    - ✓ One program director
    - ✓ One administrator/accountant
    - ✓ One Information Technology/Health Information Systems Specialist
    - ✓ Four Institutional Facilitators/Nurses
    - ✓ Two health educators
    - ✓ One community organizer
  - Each worker receives benefits such as vacation days, indemnification, life and medical insurances, and bonuses according to the standards of Guatemalan law.

- Workers present reports describing their activities for the previous month and their projected work plan during the technical meetings held at the end of each month.
- One major impediment has been the lack of a human resources manual for field staff. There are policies for governance in place, but the human resource policies have not yet been formulated. Ms. Neggaz, with assistance from the field program secretary, are currently developing a human resources manual, incorporating all the hitherto unofficial rules that govern human resources in accordance to Guatemalan policy.

- *Communication System and Team Development*

  Communication has been challenging. The lack of telephone lines, fax, and internet access at the project site has made communication slow. The office in San Miguel does not yet have a telephone line, so the staff relies on a community telephone nearby. The national telephone service has not been able to supply a land line for the field office, but services have been promised for next year. Satellite phones are helpful, though expensive. The town of San Miguel and many parts of the project area do not receive satellite signals. The only internet service available to staff is at the Salcaja office, or internet cafes in the urban towns of Huehuetenango and Quetzaltenango.

  This challenging situation has been problematic in two ways. Communication among staff members is delayed, taking up to two weeks to get a response to a question. Communication between the field and headquarters staff, though, has been improved by the arrival of Meira Neggaz, Curamericas Country Director. She has helped bridge the geographic gap and is based in the urban town of Quetzaltenango which has access to stable communication systems.

- *Local Partner Relationships*

  In March of 2003, several unforeseen leadership changes and vacancies occurred within FUMESDER, a local NGO who served as the program's local implementer. These aforementioned changes resulted in FUMESDER's decision to transfer its lead role and respective responsibilities to Curamericas-Guatemala, a locally incorporated NGO that was founded by Curamericas in 2001. FUMESDER's former President, Dr. Mario Valdez, was subsequently voted in as the President of Curamericas-Guatemala, thereby facilitating the transition from FUMESDER to Curamericas-Guatemala. Though the leadership and name of the implementing organization changed, the staff already involved with the program continued under the new Curamericas-Guatemala umbrella. Curamericas US and its Country Director, Ms. Neggaz, has begun working directly with Curamericas-Guatemala's leadership and staff to continue implementing the program's objectives. In an effort to formalize the new structure and relationship between Curamericas US and Curamericas-Guatemala, a cooperative agreement was developed and will be signed early in Year Two that outlines both parties' expectations, responsibilities, and future collaborations.

- *PVO coordination/collaboration in country*

  Curamericas has recently begun to network with other organizations in country who may be interested in providing matching funds and other support for the current project. Ms. Neggaz has built relationships with various other NGOs including CARE, CRS, Concern America, SEVA, Plan International, and Rights in Action. This network has resulted in the donation of educational materials in Spanish that will be useful to program staff, and may also result in future collaboration on this program and other projects in Guatemala. Ms. Neggaz and project field staff have also met with the representatives of the USAID mission in country. The mission has been

very supportive through recommendation of an auditor and offering assistance with importing vitamin A and other supplies for the program.

- *Other relevant management systems*
  Not applicable.

- *If an organizational capacity assessment of any kind has been conducted during the LOP describe how the PVO program has responded to the findings*
  A brief organizational capacity assessment was conducted with the field staff during the baseline assessment and detailed implementation plan writing phase of the project. In this assessment staff demonstrated and indicated a need for training in Epi-Info. A more in-depth organizational capacity assessment is planned for 2004. Also, Curamericas headquarters office conducted an institutional strengths assessment (ISA) in December 2002 facilitated by staff at the Child Survival Technical Support Project (CSTS). Curamericas staff continue to implement new communication and information dissemination strategies that were addressed during the ISA.

H. Detailed work plan for the coming year

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Project Activities Timeline

Project Year #2 (FY 2004)		
Activity	**Time Period**	**Staff Responsible**
Selection of more Community Facilitators (CFs); initial training	October-03	Education Coordinator (EC), Institutional Facilitators (IFs)
Introduction to Nutrition and Malnutrition Workshop	October-03	Ms. Luz Marina Delgado, Consultant in Nutrition and Indigenous Rural Women's health
Positive Deviance (PD) Workshop and PD study **(Curamericas backstop visit #4)**	November-03	Curamericas Program Specialist Education Coordinator, Lead Institutional Facilitator
Training for Educators and CFs in the use of Module #2 – Danger Signs, Evaluation and Modification of Module #1	November-03	Curamericas Program Specialist, Educators, CFs
Conduct full census in phase two communities; new CFs begin use of Child and Women's Registers	November – December 2003	Institutional Facilitators, Community Facilitators, and Health Communicators (HCs) (volunteers)
CFs begin health activities and home visits to defaulters	November-03	Education Coordinator, Institutional Facilitators
Selection of phase one Health Communicators (volunteers), and initial training	November-03	Education Coordinator, IFs, CFs
CFs teach HCs, and HCs teach mothers using educational modules, Set #1.	November-03	Community Facilitators, Health Communicators
Development of Educational Modules, Set #3: Nutrition and micronutrients	November – December 2003	Curamericas Program Specialist, Educators
Annual Mini-KPC Survey	December-03	HIS, IFs, CFs
TOT for Auxiliaries/MDs on Maternal/Newborn Care	January 2004	Dr. Yadira Villaseñor from JHPIEGO, Curamericas-Guatemala Project Director and Curamericas Program Specialist
Training of IFs and CFs in Set #2 Module, Feedback on Module #1 **(backstop visit #5)**	January-04	Education Coordinator with support from Curamericas Program Specialist
CFs teach HCs, HCs teach mothers using Set #2 module	February-March 2004	Community Facilitators, Health Guardians
Begin monthly TBA Training	February-04	Institutional Facilitators and doctors
Development of participatory educational modules for HCs, Set #4: Maternal and newborn care	February – March 2004	Education Coordinator and Curamericas Program Specialist
Nutrition & GM/P Training and Review	February 2004	Education Coordinator with support from Curamericas Program Specialist

Activity	Time Period	Staff Responsible
GM/P added to health outreach posts	April 2004	Institutional Facilitators
Development of Educational Modules for HCs, Set #5, on child spacing	April – May 2004	Education Coordinator with support from Curamericas Program Specialist
Training of IFs and CFs in Educational Module, Set #3: Nutrition and micronutrients	May-04	Education Coordinator with support from Curamericas Program Specialist
CFs teach HCs, and HCs teach mothers in Set #3 educational modules, nutrition and micronutrients	May-June 2004	Community Facilitators, Health Communicators
Child Spacing Training	May-04	APROFAM Trainer (consultant)
AIEPI / IMCI Clinical Training for clinical staff	June-04	Calidad en Salud Trainer
AIEPI / IMCI Community Training	July-04	Calidad en Salud Trainer
Training of IFs and CFs in Educational Module, Set #4, maternal and newborn care	July-04	Education Coordinator with support from Curamericas Program Specialist
CFs teach HCs, and HCs teach mothers in Set #4 educational module, maternal and newborn care	August-September 2004	Community Facilitators, Health Communicators
Training of IFs and CFs in Use of Educational Module, Set #5: Child spacing (**Curamericas backstop visit #7)**	August-04	Education Coordinator with support from Curamericas Program Specialist
Development of Year #3 Annual Implementation Plan	August-04	Curamericas Program Specialist, Child Survival Program Manager, Guatemalan Country Director, Program Administrator
CFs teach HCs, and HCs teach mothers in Set #5 educational modules: Child spacing	August-October 2004	Community Facilitators, Health Communicators

I. If the program has some key issues, results or successes, or if the program has identified a new methodology or process that has serious potential for scale up, please provide a one-page highlight if appropriate.

Not applicable

J. If a topic in these guidelines does not apply to the program, please indicate this in the Annual Report.

This has been done where a topic does not apply.

K. Include in the Annual Report, other relevant aspects of the program that may not be covered in these guidelines.

Not applicable

ANNEX: RESPONSES TO THE DIP REVIEW

1. Ensure that the project reports on Intermediate Results specifically develop for CSHGP, rather than the Intermediate Results referenced in the January 1999 document. See reference: http://www.usaid.gov/pop_health/home/Funding/cs_grants/objectives.html

The DIP has been revised to reference the current global Intermediate Results.

2. Several of the targets established for change by the end of the project reflect small overall percentage changes. Is it reasonable to establish more ambitious targets?

Targets have been reviewed, and where they were too small to be measured with statistical significance, more ambitious targets have been established. Project area rates will also be compared to national levels where comparable data is available (such as baseline level of 480 maternal deaths/100,000 in the project area versus 190 maternal deaths/100,000 at the national level).

3. There seems to be an incongruence between the between the stated definition of sustainability on p. 98 and specific objectives on p. 118 and 119.

Revised definition: Curamericas defines sustainability as the state in which the local project partners, including Care Group members, are able to maintain clearly defined, high quality health benefits indefinitely, based upon their own capacity to generate and manage the necessary resources and services, in conjunction with community leadership and participation.

4. No specific M&E capacity indicators were identified in the work plan.

The following M&E capacity indicator has been added (Objective 8.4) to the work plan: Ninety percent of Institutional Facilitators will be able to do a Rotating Mini KPC survey properly, based on checklist scores.

5. Capacity building objectives and strategies identified for Curamericas HQ are too general, not focused on this CS project.

While some of the objectives and strategies are general, Objective 7.3 (Standardization of CBIO methodology) contributes directly to our ability to do this project.

6. Will the CBIO model run parallel to, or complement the existing MOH Health Information System?

Some of the CBIO forms (vital events forms) provide more in depth data on maternal and child deaths, including care seeking behaviors, and causes of delays in seeking/receiving care.

7. Consider using child weight as a way to create a framework to tie program interventions together.

The AIN system uses child weight as a framework, and has elements that will be useful in this CS project. But use of an AIN-type system would create unnecessary redundancies in combination with our use of Care Groups, CBIO, and IMCI/AIEPI methods and strategies.

8. Clarify management plan for project.

Mary DeCoster will be Curamericas' backstop for the CS project in Guatemala. She is in constant communication with Dr. Mario Valdez, CS Program Coordinator in Guatemala**,** by telephone and email, and will make regular backstopping visits to the project site. Tom Davis, Senior Program Specialist, and Craig Boynton, Program Specialist, will provide additional technical support.